

**EMERGENCY MEDICAL SERVICES FUND  
ANNUAL REPORT TO THE LEGISLATURE**

**County Reporting:**

**Person Completing Report:**

**Phone:**

**E-Mail Address:**

**Reporting Period:**                      **Fiscal Year 2001-02**

1.     **Did your County have an EMS Fund established by July 1, 1991? ? Yes ? No**  
      **Or if not by July 1, 1991, by July 1, 2001? ? Yes ? No**  
      **If you answered no to both questions, STOP HERE.**
2.     **Did your County collect \$2 for every \$10 of fines, penalty, or forfeiture as part of the**  
      **EMS Fund prior to July 1, 1991? ? Yes / ? No**
3.     **If no, please describe.**
4.     **Was the entire amount collected used for administration of the EMS Fund,**  
      **physician reimbursement, hospitals, and EMS purposes as defined in HSC**  
      **1798.98a?**  
      **? Yes / ? No**
5.     **If no, please explain.**
6.     **Were any remaining funds, including interest, used for non-EMS purposes?**  
      **? Yes / ? No**
7.     **If yes, please explain.**

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8. Assessments for 2001-02

a.	Total Assessments collected 01-02: (during reporting period)	\$
b.	Less Admin (10% max)	\$ ( )
c.	Plus Carryover prior year (incl interest)	\$
d.	Total 01-02 Assessments Available: (a+b) + c	\$
e.	Funds Disbursed	\$
f.	Funds Remaining	\$

9. Fund Use for 2001-2002

	Type Collected 01/02	Expenditure		Available = Total Available	Funds <sup>1</sup> Disbursed	Funds Remaining
Phys. (58%)	\$	Less Admin. ( )	Plus Carryover \$	\$	\$	\$
Hosp. (25%)	\$	( )	\$	\$	\$	\$
EMS (17%)	\$	( )	\$	\$	\$	\$
Totals	\$	\$9b	\$9c	\$9d	\$9e	\$9f

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<sup>1</sup> Funds Available is defined: For each expenditure type, include the amount received for the fiscal year covered by this report plus any unexpended balance available from previous fiscal years.

County

10. Claims Paid for 2001-02

a.	Physician Claims (2001-2002):	Number	Amount	
	(1) Claims Paid		\$	
	(2) Claims Received		\$	
	(3) % of Claims/Amounts Paid (Total # Claims and Total Claims)		%	%
b.	Hospital Claims (2001-2002):	Number	Amount	
	(1) Claims Paid		\$	
	(2) Claims Received		\$	
	(3) % of Claim Amounts Paid (Total # Claims Paid and Total Claims)		%	%
c.	EMS Projects and Purposes (2001-2002):			
	(1) Use of Funds (by type and amount)			
			\$	
			\$	
			\$	
			\$	

11. Frequency of Distribution of the Fund:

?	Annually	?	Bi-Annually	?	Quarterly	?	Monthly
?	Other						

12. Comments on any item in report?

THANK YOU FOR YOUR COOPERATION!